

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-21-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 95900, 95904 and 95935, 95935-50, 99244 and 95860.

II. FINDINGS

1. The requestor billed \$2,090.00 for the disputed services.
2. The respondent paid \$0.00 based upon "L – Not treating doctor."
3. Total amount in dispute per TWCC-60 is \$857.00.
4. The insurance carrier submitted an untimely response to the request for medical dispute resolution.
5. The requestor submitted a referral from treating doctor, Dr. S, for testing; therefore, the insurance carrier incorrectly denied reimbursement based upon "L".

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-12-02	99244	\$336.00	\$0.00	L	\$148.00	Evaluation & Management GR (IX)	Consult report supports billed service per MFG, reimbursement of \$148.00 is recommended.
11-12-02	95860	\$210.00	\$0.00	L	\$113.00	CPT Code Descriptor	EMG test was performed per MFG, reimbursement of \$113.00 is recommended.
11-12-02	95900 (x4)	\$504.00	\$00.00	L	\$64.00/ nerve	Medicine GR (IV)	Nerve study report supports testing of Peroneal and Tibial nerves bilaterally. Therefore, the appropriate reimbursement of 4 X \$64.00 = \$256.00.
11-12-02	95904 (X2)	\$240.00	\$0.00	L	\$64.00 / nerve		Nerve study report supports testing of Peroneal nerves bilaterally. Therefore, the appropriate reimbursement of 2 X \$64.00 = \$128.00.

11-12-02	95935 (X2)	\$400.00	\$0.00	L	\$53.00 / study per extremity		F-wave was performed on both lower extremities. The nerve study report indicates claimant reported right lower extremity pain; therefore, per MFG, Medicine GR (IV)(B)(2)(b), reimbursement is only allowed for the affected extremity. No additional reimbursement is recommended.
11-12-02	95935-50 (X2)	\$400.00	\$0.00	L	\$53.00 / study per extremity		H-wave was performed on both lower extremities. Per MFG, Medicine GR (IV)(B)(2)(d), "H" studies on lower extremities may be billed bilaterally when performed. Therefore, the appropriate reimbursement is \$106.00.
TOTAL							The requestor is entitled to reimbursement of \$751.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 95900, 95904, 95935, 99244, 95680 in the amount of **\$751.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$751.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 3rd day of June 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division